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CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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BERTRAM P. BROWN, M. D., Director

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VOL. XXI, No. 43 NOVEMBER 14, 1942 GUY P. JONES
Editor

STANDARDS REQUIRED FOR DAY NURSERIES

The war emergency, with the employment of large numbers of women in the industries, has made necessary the establishment of day nurseries, where the children of women workers may be cared for. The California State Department of Social Welfare has issued standards for day care of children, and in order that they may be properly enforced, it is essential that health officers assume direct responsibility in the enforcement of health standards in such nurseries.

It is of first importance that they provide complete facilities for immunization against communicable diseases. The control of such diseases in day nurseries depends entirely upon the efficiency of local health departments in setting up adequate safeguards to prevent the spread of communicable diseases. Every effort will be made by the State Department of Public Health to assist local health officers in obtaining materials for immunization against diphtheria and pertussis, as well as for vaccination against smallpox, such materials to be used upon children under five years of age who may be in the day care centers and nursery schools. The provision of these services for these children of preschool age is an important part of the program for winning the war.

The standards established by the department provide that there must be adequate provision for the preparation, serving and storage of food. A room, with toilet facilities, must be maintained entirely separated from other rooms for the isolation of any child who may develop any symptoms of illness during the day. This room must be adequately provided with heating, lighting and ventilation. The isolation facility is designed to care for a child only until his parents can call for him.

The regulations also provide for a minimum of one toilet to 10 children and one wash basin to eight children. These must be of suitable height and size so as to be reached easily by small children, with adjustable steps made available, if necessary. A bathtub is also required, as well as separate and enclosed facilities for boys and girls, if children of school age are cared for.

Following are the specific provisions made for health care:

Provision for Health Care

a. Prior to admission, each child should be given a thorough physical examination. The findings and recommendations of the physician must be recorded on a medical record designed for that purpose. If examination can not be made before admission, a doctor's certificate must be presented stating that the child is free from communicable disease. This certificate must be kept on file in the director's office.

b. There must be daily inspection of each child by a qualified person as the child enters the day care center and before he has mingled with the other children. If a trained nurse is not available, the person making the inspection should receive instruction from a physician or a nurse as to how the inspection should be made.

c. Provision should be made for the immunization of children for smallpox, diphtheria, and whooping cough.

d. Each child should be given a complete re-examination at as frequent intervals as can be arranged and as deemed necessary by the admission examination. The findings and recommendations should be recorded on the medical record and be filed in the Director's office.

e. A health clearance should be secured from a person who is qualified before a child is readmitted when absent due to illness.

f. Provision must be made for emergency first-aid. The medicine cabinet should be out of the reach of the children and should be locked at all times. The contents of the cabinet may depend upon the type of person administering this aid and on the accessibility of a nurse or physician.

g. Any child showing signs of illness must be promptly isolated until arrangements can be made to send him home.

h. The Director must at all times have current information as to how and where the parent or guardian may be reached in the event of illness requiring immediate attention. There should also be provision for medical attendance in the event of emergency. The name and address of the family doctor or clinic should be secured.

i. Individual combs and tooth brushes, towels or paper toweling, and other necessary toilet articles must be arranged for, and each child shall be trained in their proper use. Individual compartments should be provided so that each child's toilet articles may be kept separate. Liquid soap or individual cakes of soap for each child must be used. A bottle with the type of top used for sprinkling clothes may serve as a cheap substitute for the liquid soap container.

Diet

It is wise to discuss with the child's own family the food which he will get in his own home during the day in order that this may be supplemented at the noon meal. The meals served in the center offering day care usually provide about one-third of the child's daily needs, or more if a midmorning or midafternoon meal is served. Children who are very active or underweight benefit from a midmorning lunch of fruit juice or a glass of milk, but this should not be given if it destroys his interest in his regular meals.

A general guide for the day's food for a preschool child will include:

(a) Milk—3 cups to 1 quart
(b) Egg
(c) Citrus fruit or tomato juice
(d) Green or yellow vegetables
(e) Whole grain cereal
(f) Butter
(g) Fruit other than citrus

The noon meal should consist of:

(a) Main dish of meat, eggs, cheese, or mild-flavored fish
(b) Milk
(c) Fruit or vegetable
(d) Bread and butter
(e) Simple sweets, such as cookies or pudding

Where older children are cared for after school hours, an after-school lunch may be served. This may consist of milk, orange, or tomato juice.

HOME CANNING

The College of Agriculture of the University of California has issued a revision of its Circular 276 on home canning prepared by W. V. Cruess and A. W. Christie, the new edition having been revised by Dr. Cruess.

The circular contains information that is of value from a public health standpoint for the reason that the home canning of food products is more universal at this time than for many years preceding. The war effort is making tremendous drains upon our food supplies and home canning has been encouraged in order to conserve supplies that might otherwise go to waste. It is recognized that the principal aim of canning is to prevent spoilage and that most of the damage that occurs in home canning is due to bacterial invasion rather than to any chemical or physical changes. The circular discusses various methods of preserving foods and provides sound advice relative to the necessary safeguards to prevent spoilage.

Dr. K. F. Meyer, Director of the Hooper Foundation for Medical Research of the University of California and Dr. J. C. Geiger, Director, Department of Health, City of San Francisco, at the request of the authors, have contributed a chapter on food poisoning that is of particular value to health officers and physicians. Dr. Meyer and Dr. Geiger have had more experience with food poisoning, particularly botulism, than any other officials within the State and their expert advice deserves the careful attention of all health officers. Their contribution to the publication is reproduced herewith:

"Food poisoning, as it is understood today, is the result, directly or indirectly, of the contamination of food with certain bacterial organisms, and clinically it may be classified as an intoxication. Intoxication in this instance refers to poisoning by bacterial toxin; not to alcoholic intoxication. However, in the consumption of food contaminated with the paratyphoid group of bacteria, infections may occur.

"With the growth of scientific knowledge regarding the specific dangers of contaminated food, there has been a more intelligent appreciation on the part of consumers and of health officials of the comprehensive measures that have usually been adopted for control in the distribution, handling, and processing of food whether it is canned or not. Food poisoning is probably as old a condition as any of those diseases affecting the human being and consequently has been known by a much varied terminology. Ptomaine poisoning, ice cream poisoning, tinned-food poisoning, sausage poisoning, cheese poisoning, and meat poisoning, or any other particular kind of food poisoning suspected, have been given as the cause of different outbreaks, usually, without epidemiologic, bacteriologic, or toxicologic investigation. The foods that can be directly classified and identified with poisonings of nonbacterial nature are mushrooms, mussels, and certain others.

"This descriptive terminology undoubtedly has led to a complexity of diagnosis, which has been further complicated by the recognition that certain preserved foods can contain a most virulent and thermolabile toxin, causing as a result when ingested, the so-called botulinus intoxication. Experience has taught that in the United States, outbreaks of food poisoning due to bacteria other than botulinus are fairly common. A careful laboratory examination of material from typical outbreaks has shown that the new type of food poisoning due to the toxic products of the staphylococcus is much more frequently encountered than has formerly been believed. Poisoning cases of food infections due to the paratyphoid or salmonella bacilli are relatively rare.

"The recognition of these types of food poisoning, clinically, should present very little difficulty, whether the condition is due to food contaminated with the staphylococcus group, with the paratyphoid group or with the toxin of Bacillus botulinus, since each causes totally dissimilar symptoms. The laboratory procedure incident to the isolation of the staphylococcus or the paratyphoid group from the toxin of B. botulinus in foods is technically well known. The method for determination of the presence of B. botulinus toxins is also well known to laboratory technicians. Therefore, the investigative problem is comparatively simple. However, in the majority of the outbreaks recorded, the well-known facts mentioned above are overlooked either because of the limited duration of the illness or because of incomplete epidemiologic, bacteriologic, or toxicologic investigation.

"It is deemed important to point out briefly in the accompanying table the different investigative procedures that are suggested in outbreaks, and the clinical symptoms in both types of food poisoning.

"*Never taste spoiled canned food.* Suspicious jars or cans of food, that is, those which possess a disagreeable odor or show gas pressure, should be destroyed without tasting. The contents of such jars should be mixed with several spoonfuls of lye, and jar and contents buried. Suspected material should be destroyed and not fed to chickens or animals. Many cases are on record in which large numbers of chickens have been killed by eating spoiled canned foods. Human cases of fatal poisoning have resulted from merely tasting spoiled cans of food. *Report at once* all such types of illness to your family physician and to the local health officer. The following table is largely for his guidance; call his attention to it at once in cases of suspected food poisoning:"

COMPARATIVE PROCEDURES IN CASES OF FOOD POISONING (FOR GUIDANCE OF PHYSICIANS OR HEALTH OFFICERS)

General Food Poisoning	Botulism
Incubation Period	
Usually 2 to 4 hours, staphylococcus toxin. If over 12 hours, salmonella bacilli	Usually 24 to 38 hours
Treatment	
Supportive and eliminative	Botulinus antitoxin, specific type; give both A and B antitoxin; absolute quiet; eliminative
Investigation Procedure	
1. Use incubation period for basis of determining the causative meal.	1. Use incubation period for basis of determining the causative meal.
2. Always suspect freshly cooked or warmed-over foods, cakes, pastry, minced meats, etc. Preserved foods are rarely at fault. The foods are usually all right as to taste, appearance, odor, and texture.	2. Always suspect preserved foods; likewise, meat products such as sausages. Spoilage of food is noted in many instances.
3. Bacteriologic examination of excreta of patients and the suspected food for the salmonella group, staphylococcus group, and other organisms.	3. Test suspected food for toxin by animal inoculation; mice, guineapigs, or rabbits. Test for type with specific antitoxin. Cultures of suspected food for the presence of spores, particularly if food has been previously boiled.
4. Bacteriologic and epidemiologic search for human carriers and possible contamination from animal sources.	4. Search for domestic animals, such as chickens with symptoms of limberneck for corroborative field and laboratory evidence.
5. Complications: appendicitis, cholecystitis, persistant elevation of temperature (paratyphoid infection).	5. Complications: bronchopneumonia.
	6. Human outbreaks are usually due to type-A toxin, occasionally to type-B.
Symptomatology	
Sudden onset; nausea, vomiting, abdominal pain, prostration, diarrhea and rise of temperature.	Delayed onset; marked muscular weakness; gastro-intestinal symptoms, rare; disturbances of vision with diplopia and blepharoptosis; loss of ability to swallow and talk; constipation; rapid pulse and subnormal temperature; rarely any pain; death from respiratory failure.
Mortality, 0 to 1 per cent. Case infectivity rate high.	Mortality over 60 per cent. Case infectivity rate usually 100 per cent.

MORBIDITY*

Complete Reports for Certain Diseases Recorded for Week Ending November 7, 1942

Chickenpox

359 cases from the following counties: Alameda 28, Butte 2, Colusa 3, Contra Costa 16, Fresno 6, Inyo 8, Kern 12, Lassen 2, Los Angeles 46, Madera 2, Marin 2, Modoc 12, Monterey 7, Orange 9, Sacramento 6, San Benito 16, San Bernardino 2, San Diego 28, San Francisco 47, San Joaquin 19, San Mateo 4, Santa Barbara 2, Santa Clara 14, Sonoma 9, Stanislaus 49, Sutter 1, Tehama 3, Tulare 1, Ventura 1, Yolo 2.

German Measles

37 cases from the following counties: Alameda 5, Inyo 3, Los Angeles 6, Modoc 12, Orange 2, Sacramento 2, San Diego 2, San Francisco 4, Santa Clara 1.

Measles

44 cases from the following counties: Alameda 1, Inyo 1, Kern 2, Los Angeles 15, Marin 1, Modoc 2, Orange 1, San Bernardino 2, San Francisco 11, San Luis Obispo 1, Santa Clara 3, Shasta 2, Tulare 2.

Mumps

310 cases from the following counties: Alameda 59, Fresno 2, Glenn 2, Humboldt 2, Imperial 3, Kern 1, Los Angeles 109, Marin 3, Modoc 2, Monterey 1, Napa 3, Orange 10, Sacramento 1, San Bernardino 7, San Diego 41, San Francisco 26, San Joaquin 4, San Luis Obispo 4, San Mateo 1, Santa Clara 10, Santa Cruz 1, Sonoma 1, Stanislaus 7, Ventura 8, Yolo 2.

Scarlet Fever

109 cases from the following counties: Alameda 7, Colusa 1, Fresno 4, Imperial 1, Inyo 2, Kern 10, Lassen 8, Los Angeles 31, Marin 1, Orange 5, Sacramento 5, San Bernardino 1, San Diego 6, San Francisco 8, San Joaquin 2, San Mateo 2, Santa Clara 7, Shasta 1, Sonoma 2, Stanislaus 2, Sutter 1, Tehama 1, Ventura 1.

Whooping Cough

252 cases from the following counties: Alameda 59, Contra Costa 2, Fresno 2, Humboldt 1, Kern 4, Los Angeles 94, Madera 1, Marin 2, Monterey 6, Orange 6, Sacramento 7, San Bernardino 4, San Diego 11, San Francisco 6, San Joaquin 10, San Luis Obispo 9, Santa Barbara 1, Santa Clara 2, Santa Cruz 3, Sonoma 1, Stanislaus 5, Tulare 1, Ventura 14, Yuba 1.

Diphtheria

28 cases from the following counties: Alameda 1, Fresno 1, Los Angeles 6, Napa 2, Orange 1, Sacramento 10, San Diego 1, San Francisco 1, San Joaquin 2, Santa Clara 1, Tuolumne 1, Yolo 1.

Epilepsy

47 cases from the following counties: Alameda 2, Fresno 1, Los Angeles 36, Monterey 1, San Francisco 6, San Mateo 1.

Dysentery (Bacillary)

9 cases from the following counties: Los Angeles 7, San Bernardino 1, San Francisco 1.

Encephalitis (Infectious)

8 cases from the following counties: Kern 7, Sacramento 1.

Food Poisoning

2 cases from the following counties: Los Angeles 1, San Luis Obispo 1.

Influenza (Epidemic)

25 cases reported in the State.

Jaundice (Infectious)

2 cases from Los Angeles County.

Malaria

3 cases from the following counties: Butte 1, San Francisco 1, Yolo 1.

Meningitis (Meningococcic)

2 cases from the following counties: Alameda 1, San Diego 1.

Paratyphoid Fever (A & B)

One case from Stanislaus County.

Pneumonia (Infectious)

48 cases reported in the State.

Poliomyelitis (Acute Anterior)

8 cases from the following counties: Alameda 3, Los Angeles 4, San Luis Obispo 1.

Rabies (Animal)

18 cases from the following counties: Fresno 14, Los Angeles 3, Madera 1.

Rheumatic Fever (Acute)

4 cases from the following counties: Los Angeles 3, San Luis Obispo 1.

Typhoid Fever

2 cases from the following counties: Alameda 1, Los Angeles 1.

Typhus Fever

One case from Los Angeles County.

Undulant Fever

2 cases from the following counties: Los Angeles 1, Orange 1.

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* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

The California State Department of Public Health is proud of the members of its staff who have entered the armed forces of the United States. It is with a sense of great pride that the names of the following men who have entered such forces are listed here:

UNITED STATES NAVY

Lloyd P. Bascom
Alcor Browne
O. L. Butterfield
James R. Keefer
Francis J. Lenehan
Rollyn E. Malde
E. B. Mansfield
John Martin, M.D.
Jack W. Pratt
Don Roberts
Robert E. Ryan

UNITED STATES ARMY

Ray Atkinson, M.D.
Beckwith Clark
Jules Comroe, M.D.
Leon Comroe, M.D.
Joseph Copeland, M.D.
Sidney F. Dommes, Jr.
Robert Dyar, M.D.
J. J. Fitzgerald, M.D.
Herbert B. Foster
George Husser, M.D.
Edward Maher, M.D.
Richard Peters
Julius R. Scholtz, M.D.
Joseph B. Smith

UNITED STATES MARINES

John Cruzan

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